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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).							
I hereby appoint:							
OR	OR			25226			sor must be used):
Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):							
Name		Registration Number		Name			Registration Number
as attorney(s) or any and all pater	agent(s) to represent the undersignt applications assigned only to the	ned before the Un	nited States Par	tent and Trade SPTO assignm	emark Office (I	USPTO) in	connection with
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Assignee Name and Address: Guided Delivery Systems, Inc. 2355 Calle de Luna Santa Clara, California 95054							
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be filled in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.							
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee							
Signature	21011			Date			
Name	Niel F. Starksen	<u> </u>		Telephone	408 7	37 -	(105 X304
Title	Founder, CEO						

Attorney Docket No. 578492800000